

**OFFICE OF THE ATTORNEY GENERAL
CIVIL RIGHTS COMPLAINT FORM**

**MARTHA COAKLEY
ATTORNEY GENERAL**



Civil Rights Division
One Ashburton Place
Boston, MA 02108
(617) 727-2200
(617) 727-4765 (TTY)

If, due to a disability, you seek an accommodation in filing
a complaint, please call 727-2200 or TTY 727-4765

COMPLAINANT

Name _____

Address _____

Phone # (home) _____

Work # (other) _____

COMPLAINT AGAINST

Name _____

Address _____

Phone # _____

Relationship to you _____

AREA OF DISCRIMINATION (please check)

- (1) ☐ Employment
- (2) ☐ Housing
- (3) ☐ Place of Public Accommodation: Business or Organization
- (4) ☐ Education
- (5) ☐ Credit
- (6) ☐ Complaint Against Police Officer/Department
- (7) ☐ Other _____

NATURE OF DISCRIMINATION (please check)

- (8) ☐ Harassment ☐ Intimidation ☐ Threats ☐ Coercion
- (9) ☐ Other _____

If you have checked any of the above, please indicate the basis of the civil rights violation or discrimination below (you may check more than one category):

☐ Race ☐ National Origin ☐ Disability ☐ Religion ☐ Sexual Orientation ☐ Gender
☐ Age ☐ Ethnicity ☐ Section 8 Status (Housing) ☐ Children (Housing) ☐ Marital Status (Housing)
☐ Public Assistance (Housing) ☐ Retaliation for Filing a Complaint ☐ Other: _____

(Over)

